
State:	District of Columbia	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	2010 Individual Medicare Supplement Plans		
Project Name/Number:	2020 Multiple Policy Report/DC-01-2020		

Filing at a Glance

Company:	Humana Insurance Company
Product Name:	2010 Individual Medicare Supplement Plans
State:	District of Columbia
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI:	MS08I.012 Multi-Plan 2010
Filing Type:	Form
Date Submitted:	02/12/2020
SERFF Tr Num:	HUMA-132255567
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DC-01-2020
Implementation	On Approval
Date Requested:	
Author(s):	Michele Zabel, Paula Williamson, Tiffany Lands, Shawn Farnsley, Steve Polio, Jennifer Strong
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

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General Information

Project Name: 2020 Multiple Policy Report

Project Number: DC-01-2020

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Shawn Farnsley

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/12/2020

State Status Changed:

Created By: Shawn Farnsley

Corresponding Filing Tracking Number:

Filing Description:

RE:Humana Insurance Company/NAIC # 119, 73288

2020 Medicare Supplement Multiple Policy Report

Policy Form Series: MESM10

Please find enclosed the 2020 Medicare Supplement Multiple Policy Report for calendar year ending 2019 for Humana Insurance Company. This report is for the following Medicare Supplement Plans: A, B, C, F, High Deductible F, K, L.

Please feel free to contact me at (502) 580-4602 or through e-mail at sfarnsley@humana.com, if you have any questions about this submission or require further information relative to this filing.

Company and Contact

Filing Contact Information

Shawn Farnsley, Compliance Analyst

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Louisville, KY 40202

sfarnsley@humana.com

502-580-4602 [Phone]

502-508-4602 [FAX]

Filing Company Information

Humana Insurance Company

1100 Employers Boulevard

Green Bay, WI 54344

(800) 558-4444 ext. [Phone]

CoCode: 73288

Group Code: 119

Group Name:

FEIN Number: 39-1263473

State of Domicile: Wisconsin

Company Type: Life & Health

State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
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Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		2020 Multiple Policy Report	DC-2020MSDP R	OTH	Initial			DC-2020MSDPR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Company Name: Humana Insurance Company
NAIC #: 119, 73288

Policy Form Series: MES and MESM10

Address: 500 West Main Street
Louisville, KY 40202

Phone: (502) 580-1000

Due March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance
No Multiple Policies Issued	



Signature

Steven E. McCulley
Senior V.P. Medicare
Name and Title

February 5, 2020
Date